

Ocean Renegades Basketball
www.oceanrenegades.com
Boys/Girls Basketball Tryouts/Practice

Liability Release Form

In consideration for being and accepted by Ocean Renegades Basketball for Participation in this activity. I Hereby release forever discharge and agree to hold harmless, Ocean Renegades Basketball and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, damage and expenses of any nature whatsoever which may be incurred by your child while participating in the above-described activity.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, expense as a result of participation in recreation and activities; involved their in. Further authorization and permission are hereby granted to furnish transportation or call for transportation if such is needed.

The undersigned further hereby agree to hold harmless and indemnify said club and its directors, employees, and volunteers for any liability sustained by said club; as the result of the negligent willful or intentional acts of said participant, including expenses incurred attendant thereto.

I, the parent or legal guardian of the participant, hereby grant my permission for him/her to participate fully in said activity, and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including by not limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I will arrange the necessary transportation immediately after notification of such.

Participant's Name: _____

Players Telephone: _____

Parents Telephone: _____

Hospital Insurance Yes: _____ No: _____ Policy Number: _____

Insurance Company Name: _____

Signature of Parent/Guardian: _____

Name of Club: Ocean Renegades Basketball

By permitting my son/daughter to participate, I expect reasonable and adequate supervision of my child. Therefore, I agree to hold harmless and indemnify Ocean Renegades Basketball and its servants, employees, and volunteers from all liability and all legal claims arising from this activity.

Also, I hereby grant permission to the adult advisors in charge to obtain emergency medical care from a licensed physician, hospital or medical clinic for my son in the event I cannot be reached.

I hereby give permission for my son/daughter to participate in the 2022/23 Renegades Tryouts and subsequent season. Responsibility for obtaining insurance coverage is not placed on Ocean Renegades Basketball, or on the individual gymnasiums participating, but rather on the individuals themselves. Supplemental insurance will be included in the AAU membership once the player makes the team and pays the team fees.

Initials of Parent: _____